

Schedule

Agreement Number: _____

AGREEMENT HOLDER INFORMATION			
NAME		PHONE	
ADDRESS (Complete only if Holder's mailing address is different from the Covered Property Address)			
CITY	STATE	ZIP	
COVERED PROPERTY ADDRESS			
ADDRESS			
CITY	STATE	ZIP	
AGREEMENT INFORMATION			
AGREEMENT TERM IN MONTHS	AGREEMENT PURCHASE DATE	AGREEMENT EFFECTIVE DATE	AGREEMENT RENEWAL DATE (if applicable)
_____ month(s)	AGREEMENT EXPIRATION DATE	SERVICE CALL FEE \$75	AGREEMENT PURCHASE PRICE
COVERAGE SELECTED			
Coverage Options:			
<input type="checkbox"/> APPLIANCE PACKAGE <ul style="list-style-type: none"> ▪ Built-In Microwave ▪ Dishwasher ▪ Garbage Disposal ▪ Kitchen Refrigerator ▪ Range/Oven/Cooktop ▪ Clothes Washer/Dryer 			
<input type="checkbox"/> SYSTEMS PACKAGE <ul style="list-style-type: none"> ▪ Central Air Conditioner ▪ Central Heating System ▪ Ductwork ▪ Water Heater ▪ Kitchen Exhaust Fan ▪ Internal Electrical System ▪ Internal Plumbing System 			
<input type="checkbox"/> TOTAL PLAN PACKAGE <ul style="list-style-type: none"> ▪ Everything covered in the <u>Appliance Package</u> ▪ Everything covered in the <u>Systems Package</u> 			
Options Coverages Selected – additional charges will apply			
<input type="checkbox"/> Boiler <input type="checkbox"/> Programmable Thermostat <input type="checkbox"/> Secondary Refrigerator – not including ice maker <input type="checkbox"/> Wine Cooler			
<input type="checkbox"/> Central Vacuum System <input type="checkbox"/> Spa <input type="checkbox"/> Well Pump <input type="checkbox"/> Additional AC Unit			
<input type="checkbox"/> Septic System <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Trash Compactor <input type="checkbox"/> Ceiling Fans			
<input type="checkbox"/> Free-Standing Freezer <input type="checkbox"/> Ice Maker – In Refrigerator or Stand Alone <input type="checkbox"/> Doorbell System			
<input type="checkbox"/> Garage Door Opener			
Select the dwelling type being covered by this Agreement:			
<input type="checkbox"/> Single-Family home less than 5,000 sq. ft. <input type="checkbox"/> Single-Family home from 5,000 to 8,000 sq. ft.			
<input type="checkbox"/> Townhome less than 5,000 sq. ft. <input type="checkbox"/> Single-Family home from 8,001 to 12,000 sq. ft.			
<input type="checkbox"/> Condominium less than 5,000 sq. ft.			
SELLER INFORMATION			
NAME		PHONE	
ADDRESS			
CITY	STATE	ZIP	

THERE IS A THIRTY (30) DAY WAITING PERIOD AFTER THE AGREEMENT PURCHASE DATE. IN THIS THIRTY (30) DAY WAITING PERIOD YOU ARE NOT ELIGIBLE FOR COVERAGE. You are required to receive prior approval from Us as soon as the problem is discovered. We will accept service calls from 8:00 AM to 5:00 PM EST Monday through Friday at (877) 204-1748, or You may file Your claim online 24 hrs. a day/7 days a week at www.homeassureadmin.com. If there is an after-hours emergency, You must send an email to support@homeassureadmin.com outlining the details of the issue. Your **Service Fee** for each service requested is \$75. Should You have questions pertaining to billing or this **Agreement**, please call **Our** office at (877) 204-1748 and select the billing option from the menu. Please do not hesitate to call Us if You have any questions about **Your Agreement**.